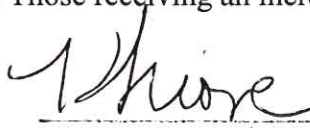


**DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT**

P.O. Box 1947  
Sacramento, CA 95812-1947  
(916) 341-4200  
(916) 341-4203 (FAX)  
(916) 327-6318 (TDD)



**To:** CSBG Service Providers; Those receiving an increase to the 2007 Program Year Allocation

**From:** Lloyd Throne, Director 

**Date:** April 4, 2008

**Subject:** 2006/2007 Community Services Block Grant (CSBG) Program Contract Amendment

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## Overview

### Overview

This letter contains important information regarding this amendment to the 2006/2007 CSBG Contract which includes:

- Changes to the original amount indicated on the 2006/2007 contract face-sheet
- An increase in the 2007 Program Year allocation
- A contract term extension
- All required action

Please read and review this letter and the attached information.

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# 2006/2007 Community Services Block Grant (CSBG) Program Contract Amendment

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## Background

### 2006

The two-year CSBG contract was initiated in 2006 covering the 2006 and 2007 Program Years; as you may recall the face sheet of that contract provided an estimated 2-year allocation amount. This estimated allocation amount was based on previous year's allocations. As you may recall, the CSBG program received a slight decrease in 2006. Due to this decrease, the estimated amount on your 2006/2007 CSBG contract face sheet is higher than the actual amount of funds you received in 2006 and 2007.

### 2007

CSD is pleased to report that the reconciliation of the CSBG federal allocation for fiscal year 2007 has resulted in additional funds available for CSBG funded activities. Upon clarification from the U.S. Department of Health and Human Services, the amount of the additional funds is \$195,357 and is to be disbursed to eligible entities.

Under the funding allocation formula created by the passage of SB 1376 (Chapter 807, Statutes of 2006), CSD will be augmenting the 2007 Program Year allocation. Due to the contingencies in the SB 1376 formula and the relatively small size of the additional funds allocated to the 2007 program year, not every CAA will receive additional funds (see attached spreadsheet – see orange colored column labeled “2007 Increase Allocation letter of 4/4/08”).

### Today

In an attempt to ensure the face sheet matches the actual 2006 allocation, and in an attempt to ensure all 2007 funds are distributed to the eligible entities, an amendment to your 2006/2007 CSBG contract is necessary.

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## Who is affected

After applying the funding allocation formula, not all Agencies received an increase in their 2007 Program Year funding amount. The Total FY 2007 CSBG Allocation spreadsheet lists those Agencies affected by the increase. (See the attached spreadsheet – orange column).

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## Use of Funds

The additional funds are intended for CSBG funded activities as specified in the contract and applicable federal and state laws.

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## Advance Payments

There will be no advance payment processed with the additional funds.

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*Continued on next page*

## 2006/2007 Community Services Block Grant (CSBG) Program Contract Amendment, Continued

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### Amendment

Attached is the CSBG contract Amendment which amends the following:

- The total contract amount has been reduced. This is in an effort to ensure the estimated amount on the original face sheet of the contract matches the actual allocation. **Please note:** This does not mean your allocation has been decreased (see explanation above).
  - The allocation for the 2007 Program Year has been increased.
  - The 2006/2007 CSBG Contract term has been extended in an effort to ensure adequate time to expend the additional funds. The revised contract term end date is **June 30, 2008**.
- 

### Action Required

If you are receiving this letter, your Agency's 2007 Program Year allocation received an increase (see attached spreadsheet - orange column).

A revised budget that indicates the use of the increased funds is required. Please submit the updated budget forms with the signed amendment.

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### Submittal of Budget forms

Complete and submit with the amendment a revised budget using the dollar amount in the column shaded blue and labeled "Total 2007 Revised Allocation Letter (budget required). Use the budget forms as indicated below ensuring that the total CSBG allocation entered on CSD 425.S Section 40 equals the amount on the allocation spreadsheet.

- CSD 425 S Budget Summary
  - CSD 425 1.1 Budget Support Personnel Cost
  - CSD 425 1.2 Budget Support Non Personnel Costs
- 

### Submittal of CSBG/NPI 801 Programs Report

As you are aware, it is important that we accurately capture the outcomes achieved by your agency. We acknowledge that the increased funds may result in an increased number of people served.

If ...	Then ...
If the number of clients served will increase and the number of outcomes reported will increase	Complete and submit a revised 2007 Annual Report (use the appropriate CSD 295 form and the appropriate CSD 801 form).
If the number of clients served will NOT increase	Do Not submit a revised 2007 Annual Report.

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## Expenditure Reports

Each Agency will submit its expenditure reports via the web-based Expenditure Activity Reporting System (EARS). The initial reporting cycle selected at the beginning of the contract term (bimonthly or monthly) will remain the same.

## Allocation Spreadsheet

	Column Title	Color	Description of Information Contained within this column
Actual Allocation Letter – Agency Payment Limitations	Total 2006 Allocation Letter of 1/30/06	Yellow	This is the total amount of CSBG funds received by your agency in 2006
	2007 Allocation Letter of 3/27/07	White	This is the total amount of CSBG funds received by your agency <b>before</b> the reconciliation of funds that resulted in the slight decrease
	2007 Increase Allocation Letter of 4/4/08	Orange	This is your total increase to the 2007 CSBG Program year allocation following the reconciliation of funds.
	Total 2007 Revised Allocation Letter (Budget Required).	Blue	This is your updated allocation amount for the 2007 Program year. <b>Please note:</b> An updated budget packet and work plan (if applicable) must be received with this amendment.

	Column Title	Color	Description of Information Contained within this column
Amendment Needed to make 2-year contracts match allocations	Current 2006 & 2007 Contract	Pink	This is the total that is currently indicated on the face sheet of your 2006/2007 CSBG Contract.
	Actual 2006 & 2007 Allocation Letters	Green	This is the amount that <i>should</i> be indicated on the face sheet of your 2006/2007 CSBG Contract.
	Amendment Needed	Purple	This column shows the decreased amount that will be amended in order to ensure your contract face sheet and actual allocation matches.

## Questions

If you have additional questions, contact your field representative or Leslie Taylor at (916) 341-4284 or by email at ltaylor@csd.ca.gov

STATE OF CALIFORNIA  
STANDARD AGREEMENT  
STD. 213 A (Rev. 6/03)

AGREEMENT NUMBER <b>06F-47</b>	AMENDMENT NUMBER
REGISTRATION NUMBER	

1. This Agreement is entered into between the State Agency and the Contractor named below

STATE AGENCY'S NAME

**Department of Community Services and Development**

CONTRACTOR'S NAME

2. The term of this Agreement is : January 1, 2006 through June 30, 2008



3. The maximum amount of this Agreement is: \$

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

Contractor agrees to continue to provide services and activities to eligible participants residing in Contractor's assigned service area, pursuant to Government Code Section 12725 et seq., and 42 United States Code (USC) 9901 et seq., as amended, the Community Services Block Grant Act.

1. The total consideration payable to Contractor by the State has changed from  
\$ \$ reflecting a decrease of

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)		<p>I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services' approval.</p>
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS		
STATE OF CALIFORNIA		
AGENCY NAME <b>Department of Community Services and Development</b>		<p><input type="checkbox"/> Exempt per _____</p>
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Richard J. Bueche, Chief Financial Officer</b>		
ADDRESS <b>700 North 10th Street, Room D215, Sacramento, California 95811-0336</b>		

2. The term of this Agreement is changed from January 1, 2006 through December 31, 2007 to January 1, 2006 through June, 2008.
3. Exhibit B, Budget Detail and Payment Provisions, ATTACHMENT I, CSBG FISCAL DATA, shall be replaced in its entirety by the revised Exhibit B, Budget Detail and Payment Provisions, ATTACHMENT I, CSBG FISCAL DATA, attached hereto and incorporated by this reference.

All other terms and conditions shall remain unchanged.

\\Cobra\Shared\Contracts\Community Services Block Grant\2006 CSBG Final Language\2006 CSBG MISC Term Extension 4 3 08.doc

ATTACHMENT I

CSBG FISCAL DATA

CSBG Contract Budget (Summary)	CSD 425.S	(Rev. 12/04)
Budget Support-Personnel Costs	CSD 425.1.1	(Rev. 11/03)
Budget Support—Non Personnel Costs	CSD 425.1.2	(Rev. 11/03)

CSD 425.S (Rev. 11/07)

**ATTACHMENT I** Please indicate Reporting option: ☐ Monthly ☐ Bimonthly

**CSBG FISCAL DATA -- CSBG CONTRACT BUDGET (SUMMARY)**

Contractor Name:		Contract Number:	Program Yr. Amount:
Prepared By:		Contract Term:	Amendment #:
Telephone #:		Program Year: (e.g., 2008)	Fax Number:
Date:	Email:		

**SECTION 10: ADMINISTRATIVE COSTS**

Line Item	Description	CSBG Funds
1	Salaries and Wages	
2	Fringe Benefits	
3	Operating Expenses & Equipment	
4	Out-of-State Travel	
5	Subcontractor Services	
6	Other Costs:	
Subtotal Section 10: Administrative Costs (cannot exceed 12% of Section 80)		

**SECTION 20: PROGRAM COSTS**

7	Salaries and Wages	
8	Fringe Benefits	
9	Operating Expenses & Equipment	
10	Out-of-State Travel	
11	Subcontractor Services	
12	Other Costs:	
Subtotal Section 20: Program Costs		

**SECTION 40: Total CSBG Budget Amount (Sum of Subtotal Sections 10 and 20)**

**SECTION 70: Enter "Other Agency Operating Funds"**

**SECTION 80: Agency Total Operating Budget (Sum of Sections 40 and 70)**

**SECTION 90: CSBG Funds Administrative Percent (Section 10 divided by Section 80)**



## INSTRUCTIONS

### ATTACHMENT I – CSBG FISCAL DATA- CSBG CONTRACT BUDGET (Summary) CSD 425 S (Rev. 11/07)

Enter the identifying information requested at the top of the report form: contractor's name, contract number, program year amount, contract term, program year (e.g., 2008), and amendment number (*if applicable*). Enter the preparer's name, telephone number, e-mail address, and fax number.

#### SECTION 10: ADMINISTRATIVE COSTS:

Those costs which are directly related to the administration of the CSBG contract.

Lines 1 through 6: CSBG FUNDS: Enter the total amount budgeted for each of the line items.

1. Salaries & Wages

Provide the total dollar amount of salaries and wages dedicated to staff performing administrative duties. Includes all payments made to administrative staff, permanent or temporary, as well as all regular and overtime pay, as approved by the contract authority.

2. Fringe Benefits

Provide the total dollar amount of fringe benefits for to staff performing administrative duties. Include all payments made in accordance with approved payroll benefit programs. This includes retirement/pension plans and various other forms of insurances related to employee compensation such as disability, life, health and unemployment. Additionally, payroll taxes, workers' compensation, disability insurance, sick leave and accrued vacation should be included.

3. Operating Expenses & Equipment

Provide the total dollar amount for all administrative operating expenses and equipment related to CSBG programs. Examples of administrative operating expenses & equipment include:

- In-state travel costs
- Building costs (such as rental & lease fees)
- Consumable supply costs
- Utility costs
- Administrative operating costs (such as telephones, building alarms, maintenance, etc)
- Supply costs (such as printing, duplication, postage, etc)
- Insurance costs not related to personnel insurance costs
- Additional fees related to the administration of the CSBG Program (such as staff trainings, membership dues, costs incurred due to Board meetings, subscriptions, etc)
- All equipment/lease purchases dedicated to administrative needs
- Funds spent on contractor/consultant services to meet administrative needs in this area.

**List all Equipment/Lease costs and Contracts/Consultants Costs in excess of \$5,000.**  
Complete CSBG Fiscal Data – Non Personnel Cost CSD 425 1.2 with the detailed information.

4. Out-of-State Travel

Provide the total dollar amount of travel costs, excluding personnel costs related to administrative tasks incurred during travel outside of the State of California. Complete CSBG Fiscal Data – Non Personnel Cost CSD 425 1.2 with the name of the conference, location, and cost per trip.

5. Subcontractor Services

Provide the total dollar amount administered to any subcontracting agencies that provide administrative services.

**List all subcontractor costs in excess of \$5,000.** Complete CSBG Fiscal Data – Non Personnel Cost CSD 425 1.2 with the detailed information.

6. Other Costs

Provide a list of all other administrative costs that do not fit in the above categories, including but not limited to any funds directed towards:

- IT Development. IT Development includes only projects in the development phases. Costs of IT projects in use should be included in Operating Expenses & Equipment above.
- Audit, Legal and Lobbying Costs: As defined by the Cost Principles in OMB Circular A-122
- Indirect Costs. The indirect cost rate is defined as the dollar value of the approved federal rate and the entire amount can be claimed as long as it is not reimbursed by another funding source. Please note that if indirect costs are reported the approved Indirect Cost Rate Plan must be submitted.

**SUBTOTAL SECTION 10 (Administrative Costs):** Enter the sum of line items 1 through 6 for CSBG FUNDS. (Cannot exceed 12% of Section 80)

**SECTION B: PROGRAM COSTS:**

Those costs incurred that are not related to the administrative costs reported above, but are directly related to the operation of the organization.

Lines 7 through 12: CSBG FUNDS: Enter the total amount budgeted for each of the line items.

7. Salaries and Wages

Provide the total dollar amount of salaries and wages dedicated to staff performing programmatic support activities. Include all payments made to programmatic staff, permanent or temporary, as well as all regular and overtime pay, as approved by the contract authority.

8. Fringe Benefits

Provide the total dollar amount of fringe benefits dedicated to staff performing programmatic support duties. Include all payments made in accordance with approved payroll benefit programs. This includes retirement/pension plans and various other forms of insurances related to employee compensation such as disability, life, health and

unemployment. Additionally, payroll taxes, workers' compensation, disability insurance, sick leave and accrued vacation should be included.

9. Operating Expenses & Equipment

Provide the total dollar amount for all programmatic operating expenses and equipment linked with CSBG programs. Include:

- In-state travel costs related to programmatic costs
- Building costs related to programmatic operation (such as rental & lease fees)
- Consumable supply costs
- Programmatic operating costs (such as telephones, building alarms, maintenance, etc)
- Programmatic supply costs (such as printing, duplication, postage, etc)
- Additional fees related to the programmatic operation of the CSBG Program
- Equipment/lease purchases dedicated to programmatic needs
- Funds spent on contractor/consultant services to meet programmatic needs in this area.

**List all Equipment/Lease costs and Contracts/Consultants Costs in excess of \$5,000.**

Complete CSBG Fiscal Data – Non Personnel Cost CSD 425 1.2 with the detailed information.

10. Out-of-State Travel

Provide the total dollar amount of travel costs related to programmatic tasks incurred during travel outside of the State of California. Complete CSBG Fiscal Data – Non Personnel Cost CSD 425 1.2 with the name of the conference, location, and cost per trip.

11. Subcontractor Services

Provide the total dollar amount paid to any subcontracting agencies that provide programmatic services.

**List all subcontractors in excess of \$5,000.** Complete CSBG Fiscal Data – Non Personnel Cost CSD 425 1.2 with the detailed information.

12. Other Costs

Provide a list of all other programmatic costs that do not fit in the categories above, including but not limited to funds directed towards:

- Direct Client Purchases. Include all direct purchases made with CSBG dollars for items designated specifically for client use.

**SUBTOTAL SECTION 20 (Program Costs):**

Enter the sum of line items 7 through 12 for CSBG FUNDS.

**SECTION 40: Total CSBG Budget Amount:**

Enter the sum of Subtotal Sections 10 and 20. The amount must match the contract amount.

**SECTION 70: Total of Other Community Action Program Operating Funds:**

Provide the total operating budget of the community action program(s) administered by the tripartite board. For public community action agencies, all funds under the administration of the advisory or administrative tripartite board should be considered as community action program operating funds. **Prepare and attach a detailed, itemized list identifying all other known funding sources and amounts that make up the total annual operating budget of the community action program(s).**

**SECTION 80: Community Action Program Total Operating Budget:**

The sum of Section 40 (Total CSBG Budget Amount) and Section 70 (Other Agency Operating Funds).

**SECTION 90: CSBG Funds Administrative Percent:**

Divide Section 10: Administrative Costs by Section 80: Agency Total Operating Budget. This percentage cannot exceed 12% of the community action program's total operating budget.

Contractor Name:	Contract Number:	Program Yr. Amount:
Prepared By:	Contract Term:	Amendment #:
Telephone #:	Program Year: (e.g., 2008)	Fax Number:
Date:	E-mail Address:	

## ADMINISTRATIVE COSTS --- SALARIES AND WAGES

A	B	C	D	E	F	Total CSBG Administrative Costs (C+D+E+F)
No. of Positions	Position Title	Salaries and Wages	Fringe Benefits	% of time to CSBG Administration	% of time to CSBG Program	
Total (should equal the sum of Section 10 Administrative Costs: lines 1 and 2 of the Budget Summary 425 S.)						



## INSTRUCTIONS

### ATTACHMENT I – CSBG FISCAL DATA- CSBG BUDGET SUPPORT -- Personnel Costs CSD 425 1.1 (Rev. 11/07)

Enter the identifying information requested at the top of the report form: contractor's name, contract number, program year amount, contract term, program year (e.g., 2008), and amendment number (*if applicable*). Enter the preparer's name, telephone number, e-mail address, and fax number.

#### ADMINISTRATIVE COSTS – SALARIES AND WAGES:

Complete this form for those costs which are directly related to the administration of the CSBG contract. Provide the specific positions for the salaries and wages (Line Item# 1 Budget Summary 425 S) and Fringe Benefits (Line Item# 2 Budget Summary 425 S).

Column A: **Number of Positions**

Specify the number of positions for each Position Title in Column B that are directly related to the administrative costs of the CSBG contract.

Column B: **Position Title**

Specify the position title. Do not abbreviate.

Column C: **Salaries and Wages**

Specify the total dollar amount of salaries and wages for staff performing CSBG administrative activities. Include all payments made to administrative staff, permanent or temporary, as well as all regular and overtime pay, as approved by the contract authority.

Column D: **Fringe Benefits**

Specify the total dollar amount of fringe benefits for staff performing administrative duties. Include all payments made in accordance with approved payroll benefit programs. This includes retirement/pension plans and various other forms of insurances related to employee compensation such as disability, life, health and unemployment. Additionally, workers' compensation, disability insurance, sick leave and accrued vacation should be included.

Column E: **Percent (%) of time to CSBG Administration**

Specify the amount of time (in percent) for the position dedicated to the CSBG administrative activities.

Column F: **Percent (%) of time to CSBG Program**

Specify the amount of time (in percent) for the position dedicated to CSBG programmatic activities—if applicable.

Column G: **Total CSBG Administrative Costs**

The sum of Col. C plus Col. D multiplied by Col. A multiplied by Col. E= dollar amount charged to the administrative costs of the CSBG contract.

### ATTACHMENT I -- BUDGET SUPPORT -- NON PERSONNEL COSTS

Contractor Name:	Contract Number:	Program Yr. Amount:
Prepared By:	Contract Term:	Amendment #:
Telephone #:	Program Year: (e.g., 2008)	Fax Number:
Date:	E-mail Address:	

Hit Alt & Enter at the same time to begin a new line or paragraph within the cell.

EXPLAIN AND JUSTIFY EACH LINE ITEM Totals must match Budget Summary - Attach additional sheet(s) if necessary Missing description shall result in delay of the contract execution.	Section 10 Administrative Costs	Section 20 Program Costs
List all Equipment Purchases in Excess of \$5,000 per item:	3	9
List all Contract & Consultant Services in Excess of \$5,000:	8	9
List all Out-of-State Travel Only:	4	10
List all Subcontractor Services in excess of \$5,000:	5	10
Other Costs - Explain & Justify costs greater than \$10,000:		
i. IT Development:		
ii. Direct Client Purchases:		
iii. Indirect Costs:		
iv. Any additional Other Costs (attach additional sheet if necessary):		
Total Other Costs (Sum of i, ii, iii, iv):	6	12

**ATTACHMENT I – CSBG FISCAL DATA- Non Personnel Costs**  
**CSD 425 1.2 (Rev. 11/07)**

Enter the identifying information requested at the top of the report form: contractor's name, contract number, program year amount, contract term, program year (e.g., 2008), and amendment number (*if applicable*). Enter the preparer's name, telephone number, e-mail address, and fax number.

List those costs which are directly related to the **administrative** (Column A) and/or **program** (Column B) of the CSBG contract.

**List all Equipment Purchases Services in Excess of \$5,000**

Provide a detailed list of all equipment purchases in excess of \$5,000; include type of equipment and the amount (e.g. copy machine, \$6,500).

**List all Contract & Consultant Services in Excess of \$5,000:**

Provide a detailed list of the contract and consultant services in excess of \$5,000; include the name and amount of the each contract. (e.g., strategic planning consultant, \$8,500)

**List all Out-of-State Travel Only:**

Provide detailed information for each out of state travel trip; include location, purpose of each trip, and related costs per trip (e.g. Chicago, IL, CAP Law Conference, \$1500).

**List all Subcontractor Services in excess of \$5,000:**

List the subcontractor name and total dollar amount administered to any subcontracting agencies that provide services in excess of \$5,000 (e.g., Youth Employment Training Agency, \$20,000).

**Other Costs**

Please provide a list of all other administrative and program costs that do not fit in the above categories. Please specifically mention any funds directed towards:

- i. IT Development: IT Development includes only projects in the development phases. Costs of IT projects in progress should be included in Operating Expenses & Equipment above.
- ii. Direct Client Purchases: List all direct client purchases in excess of \$10,000; include the item name, the number purchased, and the cost (e.g. thermal blankets, qty. 3000, \$12,000).
- iii. Indirect Costs: The indirect cost rate is defined as the dollar value of the approved federal rate, and the entire amount can be claimed as long as it is not reimbursed by another funding source. **Please note that if indirect costs are reported, the approved Indirect Cost Rate Plan must be submitted.**
- iv. Any additional Other Costs: List the additional other costs (attach additional sheet if necessary) that do not fit in any other category above in excess of \$10,000.  
**Total Other Costs** (sum of i, ii, iii, iv)